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1. In a system comprising a client computer and a remote server computer connected to the client computer by a communication link, a method of interactively preparing an insurance claim that is in condition to be paid in preparation for a health care provider to perform health care services, the method comprising the acts of:

receiving, at the client computer, a diagnosis code and a treatment code entered by a health care provider to a computer-displayable claim form displayed by the client computer;

transmitting a proposed insurance claim that includes the diagnosis code and the treatment code from the client computer to the remote server computer prior to the health care provider performing health care services;

determining, by the remote server computer, whether the proposed insurance claim is in condition to be paid, including performing the act of determining, by the remote server computer, whether the diagnosis code and the treatment code correspond to health care services that are approved for payment;

transmitting information from the remote server computer to the client computer prior to the health care provider performing the health care services, the information indicating to the health care provider whether the proposed insurance claim is in condition to be paid; and

if it has been determined that the proposed insurance claim is not in condition to be paid, transmitting a revised proposed insurance claim that includes at least one of a revised diagnosis code and a revised treatment code from the client computer to the remote server computer to determine, prior to the health care provider performing the health care services, whether said revised proposed insurance claim is in condition to be paid.

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2 2. A method as defined in claim 1, wherein the act of determining whether the
3 proposed insurance claim is in condition to be paid comprises the act of determining that the
4 diagnosis code and the treatment code do not correspond to health care services that are
5 approved for payment.

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7 3. A method as defined in claim 2, further comprising the act of transmitting,
8 from the remote server to the client computer, a suggested revised treatment code prior to
9 the health care provider performing the health care services, such that the treatment
10 associated with the suggested revised treatment code can be included in the health care
11 services when the health care services are performed by the health care provider.

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13 4. A method as defined in claim 2, further comprising the acts of:
14 receiving, at the client computer, said revised treatment code entered by the
15 health care provider;
16 incorporating the revised treatment code into the revised proposed insurance
17 claim;
18 determining, by the remote server computer, that the diagnosis code and the
19 revised treatment code correspond to health care services that are approved for
20 payment; and
21 prior to the health care provider performing the health care services,
22 transmitting, from the remote server to the client computer, information indicating to
23 the health care provider that the diagnosis code and the revised treatment code
24 correspond to health care services that are approved for payment.

5. A method as defined in claim 1, wherein the computer-displayable form is a hypertext markup language document.

6. A method as defined in claim 1, wherein the act of transmitting the proposed insurance claim and the act of transmitting information are both conducted within a single period of time that is short enough so that the health care provider continues to view the computer-displayable form during the single period of time.

7. A method as defined in claim 1, wherein the act of transmitting the proposed insurance claim and the act of transmitting information are both conducted within a single period of time that is short enough so that the communication between the remote server computer and the client computer is not discontinued during the single period of time.

8. A method as defined in claim 1, wherein the diagnosis code and the treatment code are associated with a first patient, the method further comprising the acts of:

receiving, at the client computer, a second diagnosis code and a second treatment code entered by a health care provider to the claim form;

transmitting a second proposed insurance claim that includes the second diagnosis code and the second treatment code from the client computer to the remote server computer;

determining, by the remote server computer, whether the second proposed insurance claim is in condition to be paid, including performing the act of determining, by the remote server computer, whether the second diagnosis code and

1 the second treatment code correspond to health care services that are approved for
2 payment; and

3 transmitting further information from the remote server computer to the client
4 computer prior to the health care provider performing the health care services, the
5 further information indicating to the health care provider whether the second
6 proposed insurance claim is in condition to be paid.

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8 9. A method as defined in claim 1, wherein the information indicates to the
9 health care provider that the proposed insurance claim is in condition to be paid, such that
10 the diagnosis code and the treatment code correspond to health care services that are
11 approved for payment, the method further comprising the act of transmitting, from the
12 remote server computer to the client computer, data representing an amount to be paid by an
13 insurer to a health care provider who performs the health care services;

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15 10. A method as defined in claim 9, further comprising the act of displaying, by
16 the client computer, co-payment information representing a co-payment to be collected from
17 a patient who receives the health care services.

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19 11. A method as defined in claim 10, further comprising the act of collecting the
20 co-payment from the patient based on the co-payment information.

21
22 12. A method as defined in claim 11, wherein the act of collecting the co-
23 payment from the patient is conducted during a visit of the patient to an office of the health
24 care provider, wherein the patient receives said health care services during said visit.

1 13. In a client computer capable of communicating with a remote server
2 computer, a method of interactively preparing an insurance claim that is in condition to be
3 paid in preparation for a health care provider to perform health care services, the method
4 comprising the acts of:

5 generating a computer-displayable claim form for display to a health care
6 provider;

7 receiving a diagnosis code and a treatment code entered to the claim form by
8 the health care provider;

9 transmitting a proposed insurance claim that includes the diagnosis code and
10 the treatment code from the client computer to the remote server computer prior to
11 the health care provider performing health care services associated with the treatment
12 code;

13 prior to the health care provider performing the health care services
14 associated with the treatment code, receiving information from the remote server
15 computer indicating to the health care provider whether the proposed insurance claim
16 is in condition to be paid, the information having been received in response to the
17 remote server computer having performed the act of determining whether the
18 diagnosis code and treatment code correspond to health care services that are
19 approved for payment; and

20 if the information indicates that the proposed insurance claim is not in
21 condition to be paid, transmitting a revised proposed insurance claim that includes at
22 least one of a revised diagnosis code and a revised treatment code to the remote
23 server computer to determine, prior to the health care provider performing the health
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1 care services, whether said revised proposed insurance claim is in condition to be
2 paid.

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4 14. A method as defined in claim 13, wherein the information indicates that the
5 proposed insurance claim is not in condition to be paid, such that the diagnosis code and
6 treatment code do not correspond to health care services that are approved for payment, the
7 method further comprising the act of:

8 prior to the health care provider performing the health care services,
9 receiving further information from the remote server computer indicating that the
10 revised proposed insurance claim is in condition to be paid, such that said at least
11 one of the revised diagnosis code and the revised treatment code correspond to health
12 care services that are approved for payment, wherein the treatment associated with
13 the revised proposed insurance claim can be included in the health care services
14 when the health care services are performed by the health care provider.

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16 15. A method as defined in claim 13, wherein the act of transmitting a proposed
17 insurance claim and the act of transmitting information are both conducted within a single
18 period of time that is short enough so that the communication between the remote server
19 computer and the client computer is not discontinued during the single period of time.

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21 16. A method as defined in claim 13, further comprising, before the act of
22 receiving the diagnosis code and the treatment code, the act of transmitting patient
23 identification information from the client computer to the remote server computer.

17. A method as defined in claim 16, further comprising, after the act of transmitting patient identification information and prior to the health care provider performing the health care services, the act of receiving verification from the remote server computer that a patient identified by the patient identification information is a beneficiary of a health insurance plan.

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23. A method as defined in claim 18, wherein the act of determining whether the proposed insurance claim is in condition to be paid comprises the act of determining whether a plurality of treatment codes is consistent with an unbundling claiming practice.

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program code means for initiating transmission of a revised proposed insurance claim, prior to the health care provider performing the health care services, if it has been determined that the proposed insurance claim is not in condition for allowance, wherein the revised proposed insurance claim includes at least one of a revised diagnosis code and a revised treatment code.

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1 25. A computer program product as defined in claim 24, wherein the computer-
2 executable instructions further comprise program code means for prompting the health care
3 provider to revise at least one of the diagnosis code and the treatment code prior to the
4 health care provider performing the health care services and in response to information
5 received from the remote server computer indicating that the proposed insurance claim is not
6 in condition to be paid.

8 26. A computer program product as defined in claim 24, wherein the program
9 code means for initiating transmission of the proposed insurance claim comprises program
10 code means for communicating with the remote server via the Internet.

12 27. A computer program product as defined in claim 26, wherein the program
13 code means for communicating with the remote server via the Internet operate so as to
14 maintain communication with the remote server during a time period between the
15 transmission of the proposed insurance claim and the receipt of the information from the
16 remote server computer.

1 28. A computer program product for implementing, in a server system that
2 communicates with a client system, a method of informing a health care provider who uses
3 the client computer whether an insurance claim represents health care services approved for
4 payment prior to the health care provider performing the health care services, the computer
5 program product comprising:

6 a computer-readable medium carrying computer-executable instructions for
7 implementing the method, the computer-executable instructions comprising:

8 program code means for receiving a proposed insurance claim that
9 includes a treatment code and a diagnosis code from the client computer, the
10 treatment code and diagnosis code having been entered to the client computer
11 by a health care provider prior to the health care provider performing health
12 care services;

13 program code means for determining whether the proposed insurance
14 claim is in condition to be paid based, including performing the act of
15 determining whether the treatment code and the diagnosis code correspond to
16 health care services that are approved for payment;

17 program code means for initiating transmission of information to the
18 client computer prior to the health care provider performing the health care
19 services, the information indicating to the health care provider whether the
20 proposed insurance claim is in condition to be paid;

21 program code means for performing, if the information indicates that
22 the proposed insurance claim is not in condition to be paid, the acts of:
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31. A computer program product as defined in claim 30, wherein the program code means for receiving patient identification information and the program code means for

35. A method as defined in claim 33, further comprising the acts of:

receiving the revised treatment code from the client computer, the revised treatment code having been entered to the client computer by a health care provider;

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